

Chronic Oral Sores and Skin Lesions of Extremities

Female, 28 years old, Skin lesions – 3 years

Occupation: Self employed in music industry

Initial visit: 1/18/06

Patient exhibits red, itchy skin lesions on upper and lower extremities. On the upper extremities, they manifest primarily on the dorsal surface, and minimally on the ventral surface. Specifically, lesions are noted along SJ and LI channels of the arms including forearm and elbow areas and PC 6 on the ventral surface. On the lower extremities, skin lesions appear on Stomach channel of lower leg and foot dorsum, as well as anterior knee area and medial foot regions of Spleen channel. There are some lesions on the posterior lower leg above the Achilles tendon.

Skin lesions may appear in clusters and start out with white centers. Lesions are dry, bumpy, varying in size measuring approximately few centimeters in diameter. Lesions, though red, do not feel hot, ooze, pus or open (unless patient scratches it excessively). Lesions occasionally appear on the chest area on the sternum.

Patient also has oral sores – manifesting on inner lips, cheeks, upper/lower gums, upper/lower frenulum, but not on the tongue body or roof of mouth. They are red, open, painful and bleed (causing constant taste of metal in mouth). Eating is very painful as a result of the sores.

Sores normally do not occur on the trunk of her body, and there are no sores in the genital regions. Patient noticed new lesions under inner canthus in both eyes.

Patient has been a vegetarian since age 10, eating only vegetables because she neither liked the taste of meat and the cruelty towards animals. Only in recent 4 years has she begun consuming fish, at the insistence of a close friend.

Patient developed asthma around the same time she became vegetarian.

At age 17, patient developed ulcerative colitis marked primarily by chronic, frequent diarrhea which may be bloody and abdominal distension after eating.

Patient has been unresponsive to medications and was diagnosed one year ago with Crohn's disease (an inflammatory bowel disease).

Patient frequently vomits immediately after eating. Vomiting is not the violent, noisy type, but is quiet and tastes very bitter. Upon eating, patient feels abdominal distension and waist area expands in size. At times, patient may also feel chest stuffiness after eating. As a result of her condition, patient prefers bland foods.

Bowel movements can occur up to 6-8x times a day, ranging from soft to watery consistency and with occasional blood. B/M may occasionally feel hot/ burning.

Patient has been to numerous doctors and taken numerous tests, and none have been able to effectively treat her. Colonoscopy has been scheduled for 2/20.

Medication / Vitamins:

Paxil for depression

Asacol for Crohn's disease

Liquid vitamins, fish oil supplements

Other symptoms:

- Night sweating for 2 years, since taking Paxil
- Thirst levels high, 1 Gallon of water / day

Menses:

5-6 days of flow in a 28-30 day cycle

Red color flow, clots, some pain before cycle

Menarche at age 13

1 abortion

Shen, Speech, Tone of voice – Normal

Complexion: pale

Body shape: overweight

Tongue: pale, plump body, with sl red dots on liver/gb areas, thin white coat

Pulse: **Left** – slippery, choppy overall

Right – weak overall

BP: 114/84 ; 70 BPM

Symptom Analysis:

Following symptoms suggest **St deficiency**:

- vomiting (quiet type) immediately after eating
- weak pulse on right side
- long time vegetarianism and resultant consumption of mostly cold-natured foods weaken stomach integrity / function

Following symptoms suggest **Sp deficiency**:

- St and Sp are intimately related in digestion
- Pale tongue
- Plump tongue can suggest dampness resulting from a Sp deficiency
- Sp's related tissue is the mouth (location of oral sources)
- Qi unable to contain blood in vessel may cause bleeding (mouth,

Following symptoms suggest **Blood deficiency**

- Itchiness in skin
- Pale tongue

Following symptoms suggest **deficient heat**

- red colored skin lesions
- lesions appear mainly on yang channels of arms and legs (Yangming and Shaoyang, some on Tai Yang)
- bowel movements may be hot/burning
- high thirst
- night sweat

Following symptoms suggest Large Intestine weakness

- St and LI are both related as both are YangMing, problem with one organ, can easily affect the other.
- Chronic, frequent diarrhea

Diagnosis:

Oral and skin lesions due to deficient heat in St/ LI / SJ Meridians with underlying St/Sp Qi deficiency and blood deficiency.

Treatment Principle:

Clear deficient heat, promote Sp / St function, tonify bloody to ease skin lesions.

Acupuncture Points:

Yin Tang – Calming

LI 4 - Yuan Source point of Large Intestine

LI 11 – Alleviates itching, clears heat, earth point of LI

LR 3 – Regulates lower jiao

Sp 10 – benefits skin, stop itchiness in combination with LI 11, nourishes blood

St 36 – Harmonize stomach, fortifies spleen, tonifies qi, nourishes blood/yin
St 37 – Lower He Sea point of Large Intestine, alleviates diarrhea, regulates sp/st
St 44 – Clears heat from St channel
Du 20 – lift qi (starting at 2nd treatment)
Sp 1- moxa, stop bleeding in diarrhea

Progress:

After first treatment, patient's skin stopped feeling itchy.

Two days later, after an upsetting visit to the doctor where she was told to double her medications due to her unresponsiveness to medication, patient experienced diarrhea with blood.

Patient also began a celiac (sensitivity to gluten) disease diet, eliminating wheat, rye, oat, bran from foods she ate. Her stool is now more binded, instead of loose, and has not vomited much.

Patient plans on taking a food allergy test.

At 2nd treatment, moxa was applied to Sp 1 to stop the bleeding associated with diarrhea.

After 2nd treatment, patient broke out oral sores in entire mouth during a business trip to San Francisco. Pt's mouth was partially caked in black crust from dried blood. But, patient said she feels like this is a final breakout and she doesn't think they will be coming back in light of improvements in other aspects of her health.

By 3rd treatment, patient's skin remains not itchy. Patient has lost 10 pounds after 9 days of celiac diet. Patient has neither vomited, felt any abdominal tension or stuffiness in chest after eating. Bowel movements have reduced in frequency from 6-8x /day to 2x/day with minimal blood and no heat/burning. Stool has been solid.